STUDENT

Waiver and Release from Liability for the Take One Make One™ Program

I hereby forever **RELEASE AND DISCHARGE** the South Carolina Department of Natural Resources, its employees and agents, from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries and damages arising out of my participation in the activities of the **Take One Make One**™ program.

I further agree that I WILL NOT SUE OR MAKE A CLAIM against the released parties for damages or other losses sustained as a result of my participation in the **Take One Make One**™ program. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgements, and costs including attorney's fees, incurred in connection with any action brought as a result of my participation in the **Take One Make One**™ program.

I understand that because of the risks involved in the activities of the **Take One**Make One™ program, the RELEASED PARTIES are making no warranty of any kind, express or implied, concerning any and all equipment or facilities provided by the RELEASED PARTIES. Outdoor activities can be dangerous and associated equipment such as rifles, shotguns, firearms ammunition, archery equipment, and motor vehicles do not always function the way they are expected to perform.

As part of the consideration for my being allowed to participate in the activities of the **Take One Make One**[™] program, **I PROMISE NOT TO SUE** any of the released parties for any cause of action whatsoever.

My signature or that of my parent or legal guardian below certifies that I have read this form carefully and that I understand the risks associated with the activities of the **Take One Make One** $^{\text{m}}$ program.

Participant Name:

Signature:

Age:

Telephone:

Parent/Guardian Name:

Signature:

Date:

Race:

White Hispanic Other Black Asian

Date:

Telephone:

Date:

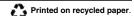
Telephone:

Parent/Guardian Name:

Telephone:

*Parent/Guardian may have to provide transportation to and from hunting/fishing areas.







YES, SIGN ME UP! I WANT TO BE PART OF The TAKE ONE MAKE ONE™ Program

rume.		Date of Birth:	Age:
Address:			
Street	City	State	Zip
Telephone:			
E-mail:			
Social Security			
List any medical conditions such	as allergies that the SC	CDNR needs to be aware	of
Name of parent guardian:			
Emergency contact number:			
Are you Hunter Education certif	ied? Yes ¬ N	No ☐ If so, in which stat	e?
	_		
Have you over hunted/fished he	fora? If so who	at did you hunt?	
Have you ever hunted/fished be If so, how many years?		•	
Have you ever harvested an ani			. 9
What type of hunting/fishing ar		• •	
			piy)
	y Waterfowl	=	Hog Squirrel
		Freshwater F	ish Saltwater Fisl
Which hunting methods interes	t you most? (Please cir	cle all that apply)	
Muzzleloading Bow Hunting	Trapping Still Hunting	g Dog Driving C	Other
What type of hunting/fishing ed	uipment do vou have a	ccess to?	
arent/Guardian may have to pr	ovide transportation t	o and from nunting/fish	ing areas.
	Student Signature		ature
Student Signature			
	to leave about the Take		ana wa
ere's someone else who will want		e One Make One™ <i>prog</i>	gram.
ere's someone else who will want Name:	Ag		gram.
Tere's someone else who will want Name: School:	Ag	e One Make One™ <i>prog</i>	gram.
Vere's someone else who will want Name: School: Home Address:	Ag	e One Make One™ <i>prog</i>	gram.
lere's someone else who will want Name: School:	Ag	e One Make One [™] <i>prog</i> ge:	

click on Education, Hunting or Special Programs; then click on Take One Make One™.